

Vendor Information	
Name: _____	Call Nr: _____
Address: _____	Date: _____
City, State, Zip: _____	Approving Auth: _____
Phone: _____	Activity Name: _____
Account Nr: _____	APC Code: _____
POC Name: _____	HR Code: _____
Date Called In: _____ (Julian)	Cust DODDAC: _____
Est Delivery Date: _____ (Julian)	Acct Class Code: _____

LIBRARY CREDIT CARD PURCHASES

Catalog Number <i>(Manufacturer's Code)</i>	Nomenclature <i>(Strength / Size)</i>	Quantity	UI	Estimated Unit Cost	Actual Unit Cost	Total Cost	Document Number <i>(Medical Expendable Items)</i>

Typed Name, Grade, and Title of Initiating Officer	Signature	Date	Total Shipping Charges:
			Total Estimated Cost:
Typed Name, Grade, and Title of Approving Officer or Designee	Signature	Date	Total Actual Cost:
			MEDDAC POC Phone Nr: